

# PUBLIC SUBMISSION

<b>As of:</b> May 28, 2009
<b>Received:</b> May 28, 2009
<b>Status:</b> Pending_Post
<b>Tracking No.</b> 809bc4d2
<b>Comments Due:</b> May 28, 2009
<b>Submission Type:</b> Web

**Docket:** EBSA-2009-0010

Request for Information Regarding the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008

**Comment On:** EBSA-2009-0010-0001

Request for Information Regarding the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008

**Document:** EBSA-2009-0010-DRAFT-0246

Comment on FR Doc # E9-9629

---

## Submitter Information

**Name:** James r. evans

**Address:**

183 morning lake drive  
moore, SC, 29369

**Email:** eva3289257@charter.net

**Phone:** 864-595-9038

---

## General Comment

This is in regard to an RFI regarding issues under the Wellstone-Domenici Mental Health Parity and Addiction Equity Act of 2008.

I am a clinical psychologist affiliated with a group of mental health practitioners who use neurofeedback (aka EEG biofeedback) treatment especially for ADHD and anxiety disorders, and as an aid in recovery of function following traumatic brain injury. This is an empirically validated, cost-effective non-medication approach to treatment for the above disorders, as well as certain other mental health-related disorders. Its use has expanded greatly within the last ten years, and practitioners now are found in over thirty countries. Scientific and clinical evidence for its efficacy is strong, yet coverage generally is still rejected by larger insurance companies. This is true, despite the fact that many routine medical and surgical procedures which are covered have less empirical support based on controlled efficacy research. I believe this is an unwarranted limitation on a valuable treatment for many mental health problems. I also believe this is in violation of the intent of the parity statute, and trust that new regulations will correct this situation.